1048 U.S. PTO		
	Please type a plus sign (+) inside this box->/+/ UTILITY	Atty Doc. No. 51522 Total Page 20
פי	PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
≣ 8	TRANSMITTAL	Hans-Josef STERZEL
		Everage Mail Label No.

Application Elements

Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231

1. / X / Fee transmittal Fo	rm
(Submit an ori	ginal, and a duplicate for fee processing
2./ A/Specification	Total Pages /
(Preferred arra	ngement set for below)

Descriptive title of the Invention

Cross References to Related Application

Statement Regarding Fed. Sponsored R & D

Reference to Microfiche Appendix Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings (if filed)

Detailed Description

Claim(s)

Abstract of the Disclosure

3./ / Drawing(s)(35 USC 113)(Figs.)

Total Sheets / /

4./ /Oath or Declaration

Total Pages/ /

a / / Newly executed (original or copy)

b./ /Copy from a prior application (37 CFR 1.63(d) (For Continuation/Divisional with Box 17 completed)

Note Box 5 below

i./ /DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b).

5./	/ Microfiche	Computer	Program ((Appendix)
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/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a./ / Computer Readable Copy

b/ Paper Copy (Identical to computer copy)

c/ / Statement verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

8./ / Assignment Papers (cover sheet & document(s)

9/ / 37 CFR 3.73(b)Statement / /Power of Attorney

10./ /English Translation Document (if applicable)

11./ /Information Disclosure / / Copies of IDS Citations

12./ /Preliminary Amendment

13./ x/Return Receipt Postcard (MPEP 503)

Should be specifically itemized)
14./ /Small Entity / /Statement filed in prior application
Statements Status still proper and desired
15.// Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16./	/ Other	

If a Continuing Application.	, check appropria	te box and supply the requisite info	ormation:
/ /Continuation	/ /Divisional	/ / Continuation-in part (CIP)	of prior application No
CORRESPONDENCE ADDRE	SS		

/ Customer Number or Bar code Label

or / / Correspondence address below

Insert Customer No. or Attach bar code label here

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The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$355./\$710.	
Basic Fee	•••••	••••••	•••••	\$ <u>710.00</u>	
Total Claims:	1120	= x	\$09./\$18. =		
Indep. Claims: x \$40./\$80. =					
[] Multiple Dependent Claim(s) presented:\$135./270 =					
[X] A check is enclosed for the filing fee. \$\frac{710.00}{}					
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The Commissioner is hereby authorized to charge any other [X] fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

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